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## BIB DATA SHEET

CONFIRMATION NO. 9518

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/598,048	09/20/2007	514	1612	HMV-091.02		
<b>RULE</b>						
<b>APPLICANTS</b> Robert R. Rando, Brookline, MA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US2005/004990 02/17/2005 which claims benefit of 60/545,456 02/17/2004 and claims benefit of 60/567,604 05/03/2004 and claims benefit of 60/578,324 06/09/2004 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/01/2008						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
Verified and Acknowledged	/MARCOS L SZNAIDMAN/ Examiner's Signature	Initials	MA	19	9	1
<b>ADDRESS</b> FOLEY HOAG, LLP PATENT GROUP (w/HUV HMV) 155 SEAPORT BLVD. BOSTON, MA 02210-2600 UNITED STATES						
<b>TITLE</b> Management of Ophthalmologic Disorders, Including Macular Degeneration						
<b>FILING FEE RECEIVED</b> 1280	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
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